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ABSTRACT

The social and emotional development of learning disabled students needs to be addressed in education programming effort. Social skills, which are essential to academic as well as social success, can be taught through such methods as role playing, games, grouping, puppetry, behavior modification, and problem-solving exercises. In addition, teachers, counselors, and other staff can learn additional techniques, such as life space interviewing, participant modeling, and mutual story telling. Social developmental problems may vary from disruptiveness to shyness, isolation, or withdrawal. The children may manifest low self-esteem, low frustration tolerance, anxiety, or depression. A wide variety of change methods may be useful with behaviors such as hyperactivity, distractibility, impulsivity, daydreaming, procrastination, and messiness. For example, asking the child to report disruptive classroom behavior to parents, and planning for feedback on this reporting, helps some children reduce disruptiveness. Another approach to change is structuring activities so that the withdrawn child is expected to interact in ways that the teacher is confident will be successful. Methods to promote age-appropriate behaviors include modeling, praise, contracting and point systems as a way of earning privileges, and positive self-verbalizations. The role of the family in providing support for socio-emotional stresses is important. (Author/SEW)

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Social and Emotional Development of Learning Disabled Children

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ABSTRACT

Because emotional lability and deficits in social perception are associated with learning disabilities, it is imperative that Individual Education Plans and other efforts include increased attention to helping meet these non-academic needs simultaneously with academic remediation and compensatory instruction.

This instructional presentation is focused on descriptive information and practical application of various change techniques from ecological, psychodynamic and behavior modification perspectives.

Social skills, which are essential to academic as well as social success, can be taught and programs vary in relation to age and theoretical approach. A "response bank" of behaviors can be practiced and learned so they can be used spontaneously. Some useful methods of teaching social skills include role playing, games, grouping, puppetry, behavior modification and problem solving behaviors.

Teachers, counselors and others can learn effective use of additional techniques such as life space interviewing, participant modeling, and mutual story telling.

Social developmental problems may vary from disruptiveness to shyness, isolation or withdrawal.

Unproductive intraindividual responses may reflect needs for increasing self-esteem, raising frustration tolerance level, decreasing anxiety or reducing depression. Since feelings need to be expressed, children need help in learning constructive ways of expressing both positive and negative feelings.

Immature behaviors such as hyperactivity, distractibility, impulsivity, daydreaming, procrastination, messiness and sloppiness are responsive to a wide variety of change methods. Some illustrative practical suggestions which have proven effective in promoting age-appropriate behaviors are included with comments about various immature behaviors.

Family dynamics and education and the understanding of their learning differences by LD children are important considerations in maximizing healthy social and emotional development.

Many of us share with Kronick the conclusion that, in spite of academic remediation, many learning disabled (LD) children exhibit "a quality of social ineptitude and imperviousness" (1981, p. ix) which is not explained by secondary emotional problems or experiences related to academic difficulties. As far back as Alfred Strauss' studies in the 1940's the literature about children labeled MBD-- or Specific Learning Disabled (SLD) as we now identify them in educational circles--were considered emotionally labile. Johnson and Myklebust (1967), Ernest Siegal, William M. Cruickshank and other leaders in the field associate deficits in social perception with neurological learning disorders.

Some children have combinations of academic disabilities, inattention and impulsivity and socio-emotional problems. Most LD children are likely to have difficulty with all stages of psycho-social development and the mastery of developmental tasks. Social and emotional stresses are intensified for the estimated 40 percent who are hyperactive and distractible.

Two--if not more--findings from recent research should motivate us to be more concerned about increasing our emphasis on social and emotional change along with academic remediation. One is the probability that greater academic gains occur when adequate attention is given to those aspects of students' functioning (Cartledge and Milburn, 1978). Another is the finding that the odds of being taken into custody by the police and "being adjudicated delinquent were 220 percent greater for adolescents with learning disabilities than for their non-learning disabled peers" according to the 1976 ACLD Research and Development Project (ACLD, ACLD NEWSBRIEFS, Mar./Apr. 1982).

It is urgent that Individual Education Plans (IEPs) and other therapeutic and remediation efforts help children with their social and emotional needs because the very nature of children's profiles of strengths and disabilities means they are inclined to have problems. In addition, the failures, frustrations, criticisms, rejections and sometimes the ridicule, contribute to the probability that secondary

emotional problems will develop unless they receive substantial special attention to help avoid them.

Adequate assessment is a crucial prerequisite to the development of comprehensive IEPs. Socio-emotional behavioral characteristics are an essential data component in an adequate psycho-educational assessment. Information can be gathered by use of rating scales, behavioral analysis, projective techniques and other measures to identify problem behaviors and attitudes which interfere with or reduce attainment of curricular objectives.

Consider Steven's embarrassment following laughter and strange looks from others after someone said "How are you today?" and he replied "I'm 10 years old but today is NOT my birthday!" Or think of Hugh who, upon being sent to the principal's office for lying, walked behind the desk within inches of the authority figure and giggled when the principal asked him why he did it. Or think for a moment of a child you know well. How does one's difficulty determining left and right and orienting one's self in space or difficulty with depth perception or misjudging distances influence one's interpersonal relations? How does difficulty with visual/auditory perceptual input, integration of what one perceives, memory storage and retrieval or language/motor output influence nonacademic learning and functioning? Selective perception, association, processing and communication difficulties do indeed influence social as well as academic learning.

Social Skills and Academic Success

Numerous investigations in the 1970's indicate that adequate social skills are essential to academic success. See, for example, Cartledge and Milburn's review (1978). Problems related to social and emotional development should be a focus of direct instruction and complement academic instruction emphasizing changing inappropriate behaviors. Emotional well-being and favorable attitudes and peer interactions facilitate effective academic learning.

Bryan and Bryan (1978) reviewed research on social behavior and found LD

children likely to be rejected by peers, parents and teachers, and to have poor perception of subtle social cues. Thus most LD children need specific and conscious training to develop social skills. In an article on intervention, LeGreca and Mesibov (1979) suggested nine areas of training including smiling and laughing with peers, greeting others, joining ongoing activities, conversing, sharing and cooperating, and grooming and physical appearance.

Social skills enumeration and training programs vary widely and are age-related. ASSET, an example of a program for junior high students, includes a film series and work materials. It involves skills such as giving positive feedback, giving/accepting negative feedback, resolving conflicts with people and problem solving. The skill development on resisting peer pressure, to give one example, includes practicing a serious and concerned way of approaching a person, saying something positive to the person ("You are a good friend . ." or "I like you . ."') and firmly stating what you'll resist (". . but I'm not going to . ."). Other steps include giving a personal reason for not doing something ("I can't afford to get into trouble . ."). If peer pressure continues, repeat that you will not do it and leave the situation ("No, I'm not going to . . . I'll see you . .").

We should teach children to conceptualize their behaviors and how they contribute to outcomes such as peer rejection; what occurred before, during and after an event, and how did behavior(s) cause rejection? Training should give children "response banks" from which they can draw behaviors as needed. Here's an example of a direct request: "Please let me finish my sentences. I talk slowly but I can tell you things better when you let me finish." Turn apologies into compliments: "Thank you for being patient with me." (That can replace "I'm sorry I made you drop your books.") It is important to practice behaviors until they can be used spontaneously.

Mercer (1979) suggested use of the Extreme Game with LD children and some friends to help those with poor self-management skills (self-control, self-help,

independent problem solving, etc.). Describe a real-life incidence and have them, especially the target children, tell the worst thing one could have done and discuss best alternatives.

There are many helpful ideas for improving social skills; e.g., Knonick (1981, p. 182) suggested that a role playing session structured by a teacher may be made a learning experience by including in the process "cues for attention, modeling, positive reinforcement, small increments in difficulty, and opportunity for over-learning. . ." Role playing can be used with older children or adolescents for teaching interpersonal problem solving involving genuine behavior problems in groups using the technique. Examples include handling teasing or anger, dealing with rules and authority and requesting help.

Problem solving skills should include attention to cause-effect dynamics, anticipating consequences of some specific behaviors, understanding some alternative solutions to situations and goal planning.

Strategies from Varying Perspectives

Effectiveness of a variety of strategies for changing social and emotional problem behaviors from various theoretical perspectives gives support to the liklihood that many of them result from a variety of causes. Ecological strategies include behaviors and reactions to them by others in the ecosystem. In settings such as special education classes or summer camp programs can emphasize cooperative efforts between children and others who interact with them. Physiological or biological treatment may include psychostimulants, megavitamins and/or dietary regulation with some emphasis on structured environment for such behaviors as poor attention and hyperactivity. Psychodynamic programs include therapeutic counseling and family dynamics and deal with negative feelings and self-concept, and with gaining insight and desire to change to more positive actions. Behavior management and modification procedures include systematic use of rewards and punishers, contingency contracting, counterconditioning and engineered classrooms.

Some Change Techniques

In addition to social skills training discussed above, some useful techniques for developing positive behaviors and feelings include life space interviewing (LSI), participant modeling and mutual story telling.

LSI is a process of discussing in depth a behavioral situation to aid a child in understanding self, gaining insight into problem behaviors, and developing a solution or an action plan in which support is given by the teacher(s) and/or others. The interviewing by a person significant to the child should be done soon after a crisis or behavioral occurrence. Teachers and counselors can learn effective interviewing skills and empathy to use this technique by studying available materials (Morse, 1971; Heuchert, 1983, e.g.) and by practicing and criticizing each other's LSIs. Combining other techniques such as puppetry and role playing with LSI may be useful in helping LD children.

Participant modeling can be used by parents, teachers or others modeling problem solving behavior with self-verbalizing solutions (such as staying on task, interacting with peers or working math problems). Then children model working through similar problems while self-verbalizing, with adult feedback as needed to correct or expand their solutions. Half-hour modeling sessions on three or four occasions generally yield noticeable results. Millman, et. al.(1980) would describe a child's self-verbalizing like this in response to modeling listening and executing instructions to copy a picture: What does the teacher want me to do? I'm supposed to copy the picture. (self-instruction) First I draw a line. (self reinforcement) I did that one well. Now I draw this part... and so it goes. Modeling can help a child learn cognitive control. It has been suggested that in modeling an adult should sometimes make an error on purpose and then correct it immediately to illustrate that process.

Mutual story telling was developed as a therapeutic technique by Richard Gardner (1971) whose training workshops attract school psychologists, counselors, social

workers and other professionals. A child is asked to make up a story for a radio or television program and tell it on cassette tape. The story is analyzed and the therapist tells a story using the same characters and settings but portraying healthier and more appropriate solutions to major conflicts or decisions. Gardner's goal in working with LD children is to treat secondary emotional problems such as anxiety, anger, low self-concept, family conflicts, etc. This technique involves modeling and positive reinforcement along with overlearning by tape-recorded playback.

Social Development

Let's look at a couple of specific problems in social development which occur within an interpersonal context and which relate to responding to others.

Disruptiveness may be caused by inappropriate social learning or by attention-seeking, inability to work independently, boredom, lack of interest in tasks or other reasons. Some LD children bother, disturb, distract or in some way disrupt others--even entire classes. Some of these youngsters are the picky-pokey kind; they trip, punch or pick at someone or they poke, hit, throw objects or engage in some type of physical contact which disturbs classmates. Others make faces, clown, name-call or talk or laugh at inappropriate times. Some engage in physical and non-physical disruptions so frequently that it's difficult to find non-disrupting behaviors for which to reward them. Sometimes keeping a small chart on a child's or teacher's desk or a home desk, for recording each disruption will help reduce the number. Who wants a behavior record kept by the teacher/parent? Asking the child to report disruptive behavior in class to parents, and planning for feedback to be sure he did, helps some children reduce disruptiveness. Making the disruptive behavior unpleasant by asking the child to practice it during recess or when other children have free time can reduce its occurrence in the future. Algozzine (1982) has made additional suggestions for changing non-attentive and irrelevant behaviors.

Social withdrawal, isolation or shyness, interfere with meaningful interpersonal

relationships and with learning self-expression. Structuring some activities so the withdrawn child is expected to interact in ways in which you are relatively certain he can be successful is a useful approach to change. Pairing children can often increase interaction as can rewarding volunteering answers or comments during class discussion. Obviously, it is important to avoid embarrassing a withdrawn child when he does interact. Give such a child an important task or responsibility at times when other children will want to interact with him.

Emotional Development

While it is difficult to separate emotional from social behaviors, in this presentation emotional problems are regarded as unproductive intraindividual responses to need gratification or situations which need solutions. Consideration of possible reasons for a behavior can aid us in assisting a child in changing it. To what extent is emotional development affected by neurological dysfunctioning? Some recent research points toward the front of the brain cortex being more involved with emotional functions than the back with the possibility that happy feelings are controlled by the left and sad feelings by the right frontal side.

Self-esteem or self-concept is formed from feedback a child gets from others. When a child's actions or statements about his abilities prevent him from responding to previous learning or attempting new exercises, we infer that he has poor or negative self-esteem. Statements reflecting anticipated or actual failure due to perceived inadequacies are familiar to us--"That's too hard!" "I can't do it!" "What do you think I am, a walking book?" Praising a child for what de does well, asking him to be a peer tutor involving tasks he can do, allowing him to choose activities in which he can succeed, helping him with grooming and physical appearance, displaying his best work, and asking him to tell his parents about progress, are a few things we can do to help a child increase his self-worth or self-esteem.

Many LD children have low frustration tolerance or low level of withstanding frustration which interferes with productive efforts. Rewarding progress toward a

goal, helping a child pace himself to reduce frustration, giving alternative tasks or amounts of work which he can complete, help develop coping skills and increase tolerance level.

Intense anxiety, uneasiness or apprehension, may interfere significantly with learning and functioning, while mild anxiety can be constructive in motivating learning or avoidance of dangers. Possibly early sources of strong anxiety are insecurity, excessive frustration and inconsistent parental behaviors and standards coupled with negative evaluations of a child's behavior. Overhearing adult talk about problems which a child sees as unsolvable is another source of anxiety. Numerous physical reactions are associated with anxiety--e.g., nausea, tense muscles or increased activity. Fortunately, anxiety is responsive to a large number of techniques such as psychodrama and role playing in which a child can act out feelings and some solutions. Experiences which increase a child's successes, self-confidence and assertiveness can help reduce anxiety.

While depression doesn't seem to be one of the most frequent emotional problems of LD children, we should consider it because of its danger and the possibility of its occurrence among those with poor self-esteem. Some of its major components are feelings of guilt, helplessness, loss or grief. It may be expressed not only in feelings of sadness but in disruptiveness, acting out, psychosomatic ailments, aggressiveness and even in lethargy. Acute or short-term depression often has an identifiable cause such as the loss of a parent or other loved one, or thing such as a pet, or withdrawal of affection. Supportive counseling can help a child express feelings of loss or rejection so he can deal with them. Long-term or chronic depression is more severe and may involve suicide threats or attempts and deep feelings of worthlessness and helplessness. Chronic depression generally requires long-term therapy and frequently involves need for anti-depressant medication. School psychologists should be involved in treating depressed children and can provide consultation to assist teachers and parents in helping children confront

painful feelings and express feelings of helplessness and worthlessness so they can be modified by re-evaluation of personal attributes and other measures which enhance self-esteem and confidence. Referral to other community agencies which can work with the family involved is often appropriate.

Emotional and social development and behavior of gifted LD children is a whole area which needs continued and expanded research.

Immature Behaviors

Behaviors such as hyperactivity, distractibility, impulsiveness, messiness and sloppiness, procrastination and dawdling, daydreaming and poor coordination are called immature behaviors by Millman, Schaefer and Cohen (1980, p. 120) who stated that " most evidence points to a central nervous system dysfunction as the cause of these inhibitory control problems" and that there may be a brain structure development lag which causes some forms of behavioral immaturity. The behaviors discussed here are immature when they are inappropriate for the child's age or similar to behavior of younger children. Millman and his colleagues consider methods most frequently used to promote maturation or more age-appropriate behaviors to include training in specific skills, modeling, positive reinforcement and especially praise, contracting and points systems as a way of earning privileges, and positive self-verbalizations by children.

Modeling and self-verbalization are recommended for reducing hyperactivity. Behavioral management may include daily reports and individually selected rewards to reduce hyperactivity. Some other suggestions worth trying include: use of background music, allowing short intervals of activities so children don't have to sit for three consecutive periods, and physical education programs.

Most children by the time they are 10 years old understand the concept of time and have the maturity to plan time and be punctual, while those under six need to have time and situations structured for them. Some people use the term task-avoidance to describe activities involving fruitless use of time--staring at

the book, flipping pages, sharpening pencils needlessly, e.g.--and others call them dawdling. Procrastination is the putting off of things that should be done in intentional and habitual ways. Whether you call it task-avoidance, procrastination or dawdling, the result is frequent tardiness for events or lateness in handing in work. Methods of change focus on trying to get children to decrease the time needed and to be accurate in their work by rewarding them with privileges when they do so.

Counter-productive behaviors which result in task-interference are signs of immature behavior. Which behaviors would you enumerate? Robby, for example, roams around the room and walks to the window and stares out; Sally plays with materials and toys she brings from home even after dozens of reminders not to do so or she goes to the bathroom and runs the lavatory water. What can you do to change these interferring behaviors? One suggestion is that you work out an agreement/contract about the number of times one needs to sharpen pencils or go to the bathroom and give the child that number of "passes"; in an effort to gradually reduce the number of interferences, you can gradually reduce the number of "passes."

Writing the words "be neater" across a paper will not change Kathy's untidy work. Perhaps Millman and colleagues are correct; extremely messy and sloppy behavior is an immature approach. To change this central nervous system functioning/dysfunctioning, persistence will be needed. Try having a child practice organizing his things or specific kinds of work; give positive reinforcement for neatness and organization.

Daydreaming or being apparently "lost in thought" or "living in one's own world" may be due to deep emotional problems or preoccupations or due to not having learned to hold one's attention or focus on tasks. We all occasionally fantasize or imagine about things which are unattainable in real life and that is healthy at appropriate times and when done only occasionally. What's harmful about Fulton daydreaming or "living in his own world?" You know--his attention is not on those

instructions you're giving him or on the assignments/tasks he is supposed to be completing like most of the others are doing. Recently I observed some sixth grade students in a small language arts class being taught by an outstanding "regular" teacher. When Charley (not his real name) kept looking into space and not getting his seatwork done, she walked by his desk and quietly put her hand on the paper he was supposed to be completing and he resumed his work. A few minutes later, he showed signs of preoccupation with something other than completing his paper for about 60 seconds and that time she walked near him and motioned toward the work which he resumed again. Her simple and inconspicuous ways of calling his attention back to his work were effective and easily done. An additional way of helping Charley stay on-task to get that seatwork done would be to give him points to reward attentiveness to his work which would be in some way a way of giving him positive reinforcement. Many children and youth find the choosing of an activity of interest to them very reinforcing. The activity of interest can be one which is also a learning or practicing of learning so it is really not a waste of time if the activities from which they select are worthwhile ones.

Now let's consider impulsivity--acting without prior thinking or without considering possible consequences--such as writing or marking or blurting out orally the very first response that occurs to a child. Impulsivity seems to be a characteristic behavior of a very large proportion of LD children, doesn't it? Our goal is to change the impulsive non-reflective tempo to a reflective cognitive one, to develop a more deliberate approach and a more accurate response set. Impulsivity is associated not only with poor school achievement but with social difficulties of many kinds. When Joey blurts out a sassy comment when he has been sent to the principal or says an inappropriate comment to a bully or to a timid girl, it gets him into social difficulties. Think about how it affects sibling and parental relationships! Some methods currently used to develop impulse control include these: modeling, self-reinforcement, self-verbalizing ("stop," "look," "listen"

and "think about it first"), use of oral or printed reminders, encouraging delayed responding and fantasy training. An article in Journal of Abnormal Child Psychology (Cullinan, Epstein, and Silver, 1977) gives good suggestions for modifying impulsive tempo.

Other Needs

LD children have more social skills and socio-emotional needs than can be addressed in a single presentation. We should at least cite the need for improved body awareness, the need to improve perception of proper location and positioning in relation to the environment. Poor coordination and poor spatial relations contribute to the need for improved body awareness and relationships. We need to help some LD children learn appropriate times to laugh and appropriate facial expressions. The need to learn constructive expression of both negative and positive feelings is important for social and emotional health and can be met by several of the methods described previously including modeling and role playing, methods which are usually enjoyable to people of all ages.

Family Dynamics

The role of the family is crucial, of course, in a child's development. The family may add to or provide support for socio-emotional stresses. Parents and siblings, as well as the LD child, need help in understanding the disability and their reactions to it and in examining family dynamics to see how they may help alleviate rather than exaggerate problems. Kronick's study of Three Families (1976) reports vivid reminders of the importance of organization of time, space and mechanics of living, use of language, expression of anger, etc. The book should be read by all parents of LD children, school personnel including teachers, and other professionals who serve the learning disabled.

Our efforts to help the LD child need to encompass the total child, not just his writing or reading or other area of achievement deficit, and to involve his total ecology. When the school environment and the home environment and dynamics

are coordinated more successes will occur. PL 94-142's focus on providing an appropriate education must be complemented by many other public and private services such as family education and counseling, if the whole child is to get maximum support in his total environment. ACLD chapters are important and vital forces in family education and support.

Becoming Advocates

Prerequisite to remedial and compensatory instruction involving academic and social and emotional components, is the child's own recognition and understanding at his level of his learning differences. While other professionals and parents have responsibilities, it is this presentor's judgment that the school psychologist has a key and unique role in providing information which can be used by the child in moving toward understanding his learning strengths and weaknesses so that he will not feel guilty or ashamed and so that as he progresses through his educational course he can become his own advocate. Involving individual children in their IEP development is worth the effort it takes.

Conclusion

Beliefs of parents, teachers and other professionals about themselves and other persons sometime "rub off" or are indirectly learned by the young. Even when they are not learned unconsciously by many LD children, they do influence what we decide is worth doing through direct and carefully designed programs and influence the selection of methods and techniques. They also influence our setting of priorities so that socioemotional development and social skills are included in our services along with our emphasis on the cognitive aspects of learning. Because we value them, we show respect for, interest in, helpfulness to, concern for, and discipline of LD children in order to maximize their social, emotional and intellectual development.

What are your points of agreement or disagreement and your comments? Sharing our views can enhance our preparation to be more effective.

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